

TOOL D6 Local leadership

| For: | Commissioners in primary care trusts and local authorities | | |
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| About: | t: This tool provides a list of key local leaders (actors) in delivering the obesity strategy. It details the rationale for their involvement, their role in promoting healthy weight, and how to engage them. | | |
| Purpose: | To show which actors could be engaged in local obesity strategies. Please note that the roles set out in this tool will not be appropriate for every area, but they may provide a helpful starting point. | | |
| Use: | Should be used as a guide for recruiting actors. | | |
| Resource: | Healthy Weight, Healthy Lives: Guidance for local areas. ² www.dh.gov.uk | | |

TOOL D6

| Actor | Rationale for involvement | Outline role in promoting healthy weight | How to engage them | |
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| Whole strategy | | | | |
| Strategic leadership in the primary care trust (PCT) acting with partners in the Local Strategic Partnership (LSP) and Children's Trust | NHS Operating Framework¹⁴⁹ How to set and monitor goals for prevalence of child obesity: guidance for primary care trusts (PCTs) and local authorities¹⁴¹ The Every Child Matters (ECM) agenda specifically includes promoting children's health Statutory duties and guidance for PCTs, local authorities, strategic health authorities (SHAs) and key partners to promote Every Child Matters (ECM) outcomes and reduce inequalities in the outcomes of 0-5 year olds Guidance on Joint Strategic Needs Assessment | Local Strategic Partnership (LSP): setting the vision for the local area carrying out strategic needs assessment discussing and agreeing local priorities and targets for the Local Area Agreements (LAAs) developing the Sustainable Community Strategy. Within the LSP 'umbrella', Children's Trust partnership arrangements: work in partnership to promote the five Every Child Matters outcomes for children and young people reduce inequalities in ECM outcomes for 0-5s agree the Children's and Young People's Plan Complementary with <i>Healthy Weight, Healthy Lives</i> The five ECM outcomes include <i>Healthy Weight, Healthy Lives</i>,¹ and are: <i>being healthy</i> – physical, mental, emotional wellbeing – living a healthy lifestyle <i>staying safe</i> – protection from harm and neglect – growing up able to look after themselves <i>enjoying and achieving</i> – education, training and recreation – getting the most out of life and developing broad skills for adulthood <i>making a positive contribution</i> – to community and society – not engaging in anti-social behaviour <i>social and economic wellbeing</i> – overcoming socioeconomic disadvantages to achieve full potential in life | Ensure obesity is high on local agenda, with key strategic leaders within PCT, local authority (LA) and partner organisations informed about (using National Child Measurement Programme (NCMP) and other data) and prepared to promote obesity issues, making the links across projects and programmes eg transport and sustainability planning PCTs, LAs and other partners develop and agree evidence-driven obesity plans using NCMP data and other data Outcomes: Healthy Weight, Healthy Lives¹ is a clearly defined element within strategic plans Robust and realistic Vital Signs obesity delivery plans are mirrored in LAA delivery plans where obesity and/or related indicators are chosen as LAA priority (from the National Indicator Set) | |
| Children: Healthy grow | th and healthy weight | | | |
| PCT/LA service commissioners | Joint Planning and Commissioning Framework for Children, Young People and Maternity Services¹⁵⁰ | Local partnerships use the Joint Commissioning Framework to create a unified system for pooling budgets and providing children's services to meet the needs identified in the strategic needs assessment – within which <i>Healthy</i> <i>Weight, Healthy Lives</i>¹ should be clearly defined | Ensure local commissioners are informed and prepared to commission and fund services so that <i>Healthy Weight, Healthy Lives</i>¹ and the revised Child Health Promotion Programme¹⁵¹ are firmly embedded in sustainable service commissioning Local Trusts have local protocols to support the management of obese pregnant women that take account of the needs of these women, and the facilities and services available to them. Arrangements through maternity and neonatal networks support these mothers and their babies | |

Outline of roles and responsibilities of key actors within the obesity delivery chain

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| Family Information Services (FIS) | Statutory duties on LAs and guidance | LAs strategically leading and providing an integrated service offering the information parents need to support their children up to their 20th birthday: | LA Early Years Lead |
| (formerly Children's Information Services) | | comprehensive, accurate, easily accessible information to support all parents, including fathers as well as mothers and all with care of a child or young person eg grandparents local services and references to national services/information available through websites and helplines must reach out to disadvantaged families who may benefit most from services, and provide information in ways that will overcome barriers to access | |
| Midwives | Professional expertise and codes of conduct The National Institute for Health and Clinical Excellence (NICE) guidance⁶ Delivering the revised Child Health Promotion Programme (CHPP)¹⁵¹ | Supporting obese women to lose weight before and after pregnancy through a structured and tailored programme that combines advice on healthy eating and physical exercise with ongoing support to allow for sustained lifestyle changes During pregnancy promoting health and lifestyle advice to include diet and weight control. Encouraging regular physical activity, at an appropriate level, as part of the antenatal care programme Promotion of benefits of breastfeeding Following the CHPP schedule to identify families with children at risk of becoming obese Referral of at-risk families to other services (eg GP) where appropriate Encouraging regular physical activity, at an appropriate level, during pregnancy and as part of the antenatal care programme | PCT Early Years Lead (and LA Early Years Lead) |
| Health visitors | CHPP¹⁵¹ Other guidance (eg NICE obesity guidance⁶) | Leading teams implementing CHPP – focusing on the early identification and prevention of obesity through promoting breastfeeding, healthy weaning and eating, and healthy activity to all families with babies and young children – in health settings including Children's Centres, general practice and in homes Following the CHPP schedule to identify families with children at risk of becoming obese, providing them with more intensive support and referring to other services where appropriate | PCT Early Years Lead LA Early Years Lead, particularly to link with local Sure Start |
| Sure Start Children's Centre managers and staff | Sure Start Children's Centre guidance¹⁵² CHPP¹⁵¹ | Integrated multi-agency services for families with young children aged 0–5 years, focused on most disadvantaged areas Key delivery vehicle for health priorities and targets, including encouraging take-up of breastfeeding and reducing obesity rates for parents and young children Delivering the revised CHPP (led by health visitors) | LA Early Years Lead and other LA colleagues responsible for supply and quality of Early Years provision and school standards PCT Early Years Lead – promoting health activities in Children's Centres such as midwives providing antenatal and postnatal care |
| Early Years workforce providing integrated care and learning for 0-5 year olds, including childminders and staff in schools and private nurseries | • Early Years providers governed by statutory duties, regulation and inspection by Ofsted, and requirement to deliver the Early Years Foundation Stage (EYFS) ¹⁰¹ | The EYFS requires young children's physical wellbeing and health to be promoted as part of learning through play, with opportunities for physical activity (including outdoor play wherever possible) All meals, snacks and drinks provided are healthy, balanced and nutritious Parents and carers are involved as partners in the learning and development of their children | PCT Early Years Lead LA Early Years Lead and other LA colleagues responsible for supply and quality of Early Years provision and school standards |
| Nominated Health Professionals in multi-agency Family Intervention Projects (FIPs) | Resource Manual for Nominated Health Professionals working with FIPs | Multi-agency teams, including health, working to support challenging, vulnerable and marginalised families. Evidence from FIP studies suggests that poor nutrition is a common feature in many of the families involved, with over 50% of FIP children already being obese | PCT and LA Early Years Leads Where FIPS are being delivered, support Nominated Health Professionals to tackle <i>Healthy Weight, Healthy Lives</i>¹ nutrition and activity issues |

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| Family Nurse Partnerships (FNPs) | CHPP and other plans and guidance Integral part of detailed programme manuals | Evidence-based intensive home visiting preventive programme for the most at-risk young, first time mothers Delivered by skilled nurses (health visitors, midwives, school nurses) to improve the outcomes of the most at-risk children and families The strength-based, licensed programme begins in early pregnancy and continues until the child is two years old Focus on healthy lifestyle and nutrition in pregnancy Supporting parents in breastfeeding, healthy weaning and eating and healthy activity for all the family Delivery of CHPP | PCT and LA Early Years Leads Where FNPs are being delivered, support Family Nurses to tackle <i>Healthy Weight</i>, <i>Healthy Lives</i>,¹ nutrition and activity issues |
| School nurses | • CHPP ¹⁵¹ | Advice on healthy nutrition and regular physical activity Signposting to programmes in extended school services and community- based programmes Collection of height and weight data for the NCMP | PCT Early Years Lead LA lead contact for schools through Children's Trust arrangements |
| Schools: Governors | New duty on governors of maintained schools to promote five ECM outcomes of their pupils (s.38 Education and Inspections Act 2006)¹⁵³ | Guidance for governors on the new duty was published for consultation in July 2008 | LA lead contact for schools through Children's Trust arrangements and direct contact with schools through school nurses |
| Schools: Head teachers and school staff | Linked to the new duty on governors of maintained schools to promote five ECM outcomes of their pupils (s.38 Education and Inspections Act 2006)¹⁵³ | Implementing plans fulfilling the duty on school governors to promote the five ECM outcomes Ensuring Healthy School status is acquired and maintained where appropriate Encouraging extended services to promote <i>Healthy Weight, Healthy Lives</i>¹ Ensuring whole-school approach to school food: school lunches that meet nutritional standards no vending machines water freely available agreed policies with parents on packed lunches on-site lunchtimes Providing cooking lessons in line with the new key stage 3 design and technology curriculum Ensuring 2 hours of PE/sport a week available for all during the school day and encouraging 100% participation Promoting provision and participation in a further 3 hours of sporting activities through extended services Implementing the school active travel plan | LA lead contact for schools through Children's Trust arrangements and direct contact with schools through school nurses Work with Local Healthy Schools team to access support, possible partners and practical advice on achieving National Healthy School Status |
| Promoting healthier for | ood choices | | |
| Health trainers | Health Inequalities: Progress and Next Steps¹⁵⁶ NICE behaviour change guidance¹⁵⁴ | If a client identifies healthy eating/physical activity as one of their goals: helping them reflect on their current behaviour and how they might change it for the better helping them to understand the link between obesity and health-related problems helping them to set realistic goals for change, helping to monitor these and keep client motivated increasing client confidence in being able to sustain lifestyle change signposting the client to appropriate services | PCT health trainer coordinator Health trainers are accessible within their communities/groups and people can self-refer or be referred by others |

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| Dietitians | NICE obesity guidance⁶ Dietitians are responsible for assessing, diagnosing and treating diet and nutrition problems at an individual and wider public health level | Provision of community-based weight management services Ensuring consistent advice on healthy eating and physical activity is available Involvement in research into which interventions are most effective in encouraging individuals and families to change their behaviour Provision of training for other health workers on motivational interviewing and behaviour change Provision of personalised health advice and lifestyle management programmes | Dietetics department manager |
| Building physical activ | ity into our lives | | |
| Midwives | • CHPP ¹⁵¹ | Encouraging regular physical activity, at an appropriate level, during pregnancy and as part of the antenatal care programme | Primary care trust (PCT) Early Years Lead |
| Health visitors | • CHPP ¹⁵¹ | Encouraging new mums to be active and suggest ways they could do this Encouraging regular activity for all the family Signposting to approved service providers, eg leisure services, commercial weight management organisations, primary care weight management clinics, health walk leaders | PCT Early Years Lead |
| School nurses | • CHPP ¹⁵¹ | Opportunistic advice on regular physical activity Signposting to programmes in place within school, extended school services and community-based programmes Collection of height and weight data for the NCMP | PCT Early Years Lead |
| Early years workers (eg nursery nurses, play workers, family support workers) | Early years providers governed by statutory duties, regulation and inspection by Ofsted, and requirement to deliver the EYFS¹⁰¹ CHPP¹⁵¹ | Encouraging active play for all children as part of daily routine Discussing activity with young children | PCT Early Years Lead Children and Young People's Strategic Partnership |
| Children's Centres (including Sure Start) | CHPP¹⁵¹ Sure Start Children's Centre guidance¹⁵² | Provision of physical activity programmes for young families Educational sessions for young families – for example, how to make healthy food choices, healthy cooking on a budget, ways to be active with young children Active play facilities on site Provision of safe and secure cycle storage facilities to encourage active transport to facilities Signposting to other service providers | PCT Early Years Lead Children's Centre coordinators |
| Dietitians | • NICE obesity guidance ⁶ | Provision of community-based weight management services Ensuring consistent advice on healthy eating and physical activity is available Encouraging regular physical activity as part of consultations | Dietetics Department Manager |
| National Healthy Schools Programme | CHPP¹⁵¹ National Healthy Schools Status (NHSS) | Working with schools to achieve physical activity and healthy eating core criteria Encouraging schools to look at other ways to maximise physical activity opportunities for pupils and their families, especially for those schools who draw from communities with higher levels of overweight and obesity, identified from NCMP data | A Local Healthy Schools team will be based in either the LA or PCT and will provide this function. Details of each Local Healthy Schools team is on www.healthyschools.gov.uk School Sports Partnerships can be contacted through your Local Healthy Schools team or by contacting Youth Sport Trust |
| School travel advisers | NICE physical activity and environment guidance ¹¹⁷ | Supporting the development of school travel plans Encouraging schools to look at new ways to increase the number of pupils walking and cycling to school | Local authority |

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| Leisure providers | NICE physical activity guidance¹²⁸ National Quality Assurance Framework (NQAF) Exercise Referral Systems¹³¹ | Provision of facilities and appropriately trained staff to work with patients referred through the local exercise referral system Provision of approved weight management information within facilities Provision of weight management support for clients | Joint LA/PCT strategic partnerships |
| Youth workers | NICEphysical activity guidance¹²⁸ | Signposting young people to community-based physical activity programmes | Children and Young People's Strategic Partnerships |
| Occupational health | NICE physical activity and workplace guidance¹⁵⁵ NICE obesity guidance⁶ | Opportunistic physical activity advice for staff accessing occupational health services Provision of drop-in weight management services for all staff | PCT Workforce Development Lead |
| Primary care teams (GPs, practice nurses, district nurses) | NICE obesity guidance⁶ NICE physical activity guidance¹²⁸ | Provision of opportunistic advice on physical activity and healthy weight Assessment of height and weight of practice population Signposting to physical activity opportunities and weight management services Provision of weight management and physical activity clinics in practices | Practice-based commissioning groups PCT Lead Nurse |
| Pharmacists | NICE obesity guidance⁶ Choosing health through pharmacy (2005)¹³⁶ | Provision of physical activity leaflets and information issued with prescriptions Opportunistic advice on physical activity Signposting to local physical activity opportunities | PCT Medicines Management / Pharmacy Lead |
| Planners | NICE physical activity and the built environment guidance ¹¹⁷ | Promoting a healthy weight through their role in shaping how cities, towns and villages are developed and built Considering the impact of all planning requests on levels of physical activity and access to healthy food choices | • LA |
| Transport planners | NICE physical activity and the built environment guidance ¹¹⁷ | Promoting a healthy weight Developing and managing the impact of road, rail and air transport in the local area | • LA |
| Local authority cycling and walking officers | Local Area Agreements (LAAs) | Ensuring local opportunities for walking and cycling Liaison with planners to ensure walking and cycling opportunities are considered | • LA |
| Parks management | NICE physical activity and the built environment guidance¹¹⁷ Fair Play (DCSF): Encouraging children and families to engage in physical activity | Role in the management, maintenance and development of open/green space facilitating and encouraging physical activity by the local and wider community Working with other LA areas to facilitate walking and cycling routes in, and to, open/green spaces | • LA |
| Health trainers | Health Inequalities: Progress and Next Steps¹⁵⁶ NICE behaviour change guidance¹⁵⁴ | Attending training to be able to discuss physical activity and healthy weight appropriately with clients Provision of physical activity advice to clients Signposting clients to physical activity opportunities | By working with the health trainer coordinators at PCT level Health trainers are accessible within their communities/groups and people can self-refer or be referred by others |
| Healthwalk leaders | Legacy Action Plan¹¹⁶ CMO Report At least five a week¹¹³ | Leading health walks for people of all ages across communities and ensuring links to local GP practices and Children's Centres | Regional Walking the Way to Health (WHI) coordinators and volunteers PCT |
| Commercial weight management organisations | NICE obesity guidance⁶ | Provision of weight management services in easily accessible community venues Provision of appropriate physical activity advice as part of weight management support | Health Improvement Programme (HImP) and public health Nutrition and dietetics services |

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| Creating incentives for | Creating incentives for better health | | | |
| LA and PCT commissioners | Responsible for commissioning services | Commissioning prevention, intervention and treatment services, and meeting workforce requirements Commissioning training for staff who deliver services and staff who come in to contact with those at risk Management of/influence on resources allocated locally for obesity and making prioritisation decisions Supporting local flexibilities and rewards in funding flows | • LA • PCT | |
| Occupational health | NICE physical activity and workplace guidance¹⁵⁵ NICE obesity guidance⁶ | Opportunistic physical activity advice for staff accessing occupational health services Provision of drop-in weight management services for all staff | PCT Workforce Development Lead | |
| Personalised advice an | d support | | | |
| GP | • Quality and Outcomes Framework (QOF) (adults) ^{134,} ¹³⁵ | Considering how to make use of existing BMI register for adults Raising issue of weight with adults/parents proactively Revisiting issue in future if patient not ready to change Delivery of brief interventions Identification of and referral to local or in-house provision of weight management services and wider healthy living services or programmes Providing pre-conception advice for women | Engage in development and implementation of local care pathways PCT/GP forums | |
| Practice nurses | • NICE obesity guidance ⁶ | Raising issue of weight proactively Referral to local or in-house provision of weight management services Delivery of brief interventions | Engage in development and implementation of local care pathways PCT/GP forums | |
| Dietitians | NICE obesity guidance⁶ Dietitians are responsible for assessing, diagnosing and treating diet and nutrition problems at an individual and wider public health level | Referral to local or in-house provision of weight management services Ensuring consistent advice on healthy eating and physical activity is available Involvement in research into which interventions are most effective in encouraging individuals and families to change their behaviour Provision of training for other health workers on motivational interviewing and behaviour change Provision of personalised health advice and lifestyle management programmes | Dietetics Department Manager Engage in development and implementation of local care pathways Direct commissioning/service level agreement (SLA) | |
| Pharmacists | Choosing health through pharmacy (2005) ¹³⁶ | Provision of healthy living advice Referral to local weight management services Delivery of weight management services or brief interventions where appropriate | PCT Medicines Management / Pharmacy Lead Engage in development and implementation of local care pathways | |
| Partners delivering community-based weight management services, eg leisure services, voluntary and community sector groups, commercial sector, training/ programme providers | • SLA with PCT or LA | Reinforcing consistent national messages in terms of healthy eating and physical activity Use of social marketing information to promote services and engage potential clients Feeding back information/progress to referring clinicians (in line with data protection requirements) Referral to/awareness-raising of wider suite of healthy living and preventative services available locally – for children and adults | • SLA with PCT or LA | |